

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1							51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		5					56							
7		5					57							
8		5					58							
9	1						59							
10	1						60							
11		2					61							
12		2					62							
13		2					63							
14		2					64							
15		2					65							
16		2					66							
17		2					67							
18		2					68							
19		2					69							
20		2					70							
21		2					71							
22		2					72							
23		2					73							
24		2					74							
25		2					75							
26		2					76							
27		2					77							
28		2					78							
29		2					79							
30		2					80							
31		2					81							
32		2					82							
33		2					83							
34		2					84							
35		2					85							
36		2					86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	67						TOTAL DEP.							
TOTAL CLAIMS	70						TOTAL CLAIMS							

46  
15  
6  
67